

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**FLORIDA DID NOT COMPLY WITH
REQUIREMENTS FOR DOCUMENTING
PSYCHOTROPIC AND OPIOID
MEDICATIONS PRESCRIBED FOR
CHILDREN IN FOSTER CARE**

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Report in Brief

Date: July 2023

Report No. A-05-22-00009

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The United States Food and Drug Administration issued a safety announcement stating that a review found the combined use of opioid and some psychotropic medications can result in serious side effects, including slowed or difficult breathing and death. In addition, ineffective oversight of psychotropic and opioid medications may increase the risk of inappropriate dosing or medication combinations. To receive Federal funding for child welfare services, States are required to have a plan for the oversight of prescription medications, including psychotropic and opioid medications prescribed for children in foster care. In recent audits, we found that psychotropic and opioid medications prescribed for children in foster care were not accurately documented in the States' child welfare information systems.

Our objective was to determine whether Florida complied with State requirements related to the psychotropic and opioid medications prescribed for children in foster care who were eligible for assistance under Title IV-E of the Social Security Act (the Act).

How OIG Did This Audit

We randomly selected a sample of 115 children who were prescribed psychotropic or opioid medications. We reviewed the Medicaid claim data, case files in Florida's Safe Families Network (FSFN), and health care records maintained outside of FSFN for the children in our sample.

Florida Did Not Comply With Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care

What OIG Found

Florida did not always comply with State requirements related to the psychotropic and opioid medications prescribed for children in foster care who were eligible for assistance under the Act. Specifically, for the 85 sample children who were prescribed psychotropic drugs we found: (1) the psychotropic medications prescribed for 36 children were not recorded in FSFN, (2) the medication logs for 56 children were not maintained in FSFN, and (3) the authorization for prescription of psychotropic medications for 33 children were not contained in FSFN. In addition, we found the opioid medications prescribed for 57 of the 60 children in the sample were not recorded in FSFN.

What OIG Recommends and Florida Comments

We recommend that Florida: (1) provide training to child protective investigators and caseworkers on medication management and administration that addresses requirements for updating case records in FSFN for children who are prescribed psychotropic medications (including related medication logs and authorizations) and opioid medications and (2) coordinate with the Florida Agency for Health Care Administration to obtain access to Medicaid claim data for all children under its care and supervision.

Florida elected not to provide comments on the draft report.

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INTRODUCTION

WHY WE DID THIS AUDIT

Psychotropic medications treat mental health disorders such as schizophrenia, depression, bipolar disorder, anxiety disorders, and attention deficit/hyperactivity disorder. Opioid medications are narcotics that manage pain from surgery, injury, or illness. Psychotropic and opioid medications have a high risk for abuse and misuse. In August 2016, the United States Food and Drug Administration (FDA) issued a safety announcement stating that a review found the combined use of opioid and some psychotropic medications¹ can result in serious side effects, including slowed or difficult breathing and death.² In addition, ineffective oversight of psychotropic and opioid medications may increase the risk of inappropriate dosing or medication combinations.

Children in foster care are more likely to be prescribed psychotropic medications compared with children not in foster care.³ To receive Federal funding for child welfare services, States are required to have a plan for overseeing and coordinating health care services for any child in foster care placement, including psychotropic and opioid medications prescribed for children in foster care.⁴ In recent audits, we found that psychotropic and opioid medications prescribed for children in foster care were not accurately documented in the States' child welfare information systems.

Appendix B contains a list of prior Office of Inspector General (OIG) reports related to psychotropic and opioid medications prescribed for children in foster care.

OBJECTIVE

Our objective was to determine whether the Florida Department of Children and Families (State agency) complied with State requirements related to the psychotropic and opioid medications prescribed for children in foster care who were eligible for assistance under Title IV-E of the Social Security Act (the Act).

¹ Prescribed psychotropic medications include medications that depress the central nervous system.

² FDA Drug Safety Communications, "FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning" (issued August 31, 2016).

³ Between 16 and 33 percent of children in out-of-home care may be using psychotropic medication on any given day, although the rate of use varies significantly based on certain factors, including the child's age, placement setting, and length of involvement with the child welfare agency. Among children generally, about 6 percent are taking psychotropic medications at some point during a given year. *Child Welfare: Oversight of Psychotropic Medication for Children in Foster Care*, Congressional Research Service (Feb. 17, 2017).

⁴ Social Security Act § 422(b)(15)(A).

BACKGROUND

Federal Foster Care Program and Federal Funding for Child Welfare Services

Title IV-E of the Act established the Federal Foster Care Program, which allows States to provide safe and stable out-of-home care for children who meet certain eligibility requirements until they are safely returned home, placed permanently with adoptive families, or placed in other planned arrangements. Title IV-B of the Act provides funding for States to address the provision of child welfare services that can be used for prevention of and response to child abuse and neglect. At the Federal level, the Administration for Children and Families (ACF) administers the Foster Care program.

To receive Title IV-E funding, the Act requires a State to submit a State plan that designates a State agency that will administer the program (the Act § 471(a)(2)) and establish and maintain standards (including safety standards) for foster family homes and child care institutions.

Federal law requires States to have a plan for overseeing and coordinating health care services for any child in foster care placement. The States' Title IV-B plans must include an outline of the oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications (the Act § 422(b)(15)(A)). The State plan applies to children eligible for Title IV-E foster care payments, as well as all other children in foster care placements. The State agency is responsible for administering the Title IV-E program and the Title IV-B program.

Children in foster care who are eligible for assistance payments through Title IV-E of the Act are mandatorily eligible for Medicaid (the Act § 1902(a)(10)(A)(i)(I)). Additionally, any State with a Medicaid system funded with an enhanced Federal match must ensure that it is able to interact with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services (42 CFR § 433.112(b)(16)).⁵ The Florida Agency for Health Care Administration administers the Medicaid program, overseeing the Medicaid claim processing and information system in Florida.

Federal Funds for State Child Welfare Information Systems

The Statewide Automated Child Welfare Information System (SACWIS) was a federally funded, voluntary, comprehensive, and automated case management tool that supported child welfare practices in States (58 Fed. Reg. 67939, 67945 (Dec. 22, 1993)). On June 2, 2016, ACF published the Comprehensive Child Welfare Information System (CCWIS) final rule. The CCWIS final rule replaces the SACWIS regulations (81 Fed. Reg. 35450 (June 2, 2016)). CCWIS is a federally funded case management information system that Title IV-E agencies may, at their option, develop to support their child welfare program needs. This rule provided a transition period of

⁵ The Florida Medicaid system is funded by an enhanced Federal match.

24 months from the effective date of the rule, which ended on August 1, 2018. During the transition period, the Title IV-E agencies with a SACWIS were required to indicate whether they would transition from the SACWIS to a CCWIS (81 Fed. Reg. 35450, 35452 (June 2, 2016)).

CCWIS regulations require, to the extent practicable, the Title IV-E agency's CCWIS to exchange relevant data, including data that may benefit Title IV-E agencies and data exchange partners in serving clients and improving outcomes, with other State systems, e.g., the Medicaid Management Information System (MMIS) (45 CFR § 1355.52(e)(2)).⁶

ACF provided clarification that Title IV-E agencies must maintain in the CCWIS: (1) the available medical record information received from the MMIS, including Medicaid claim history, or (2) provider encounter data for those enrolled in managed care. Additionally, regarding the Health Insurance Portability and Accountability Act rules, ACF clarified that Title IV-E agencies are required to exchange and maintain CCWIS data in accordance with the confidentiality requirements of applicable Federal and State laws. ACF also clarified that Title IV-E agencies should support a data exchange that shares information with the MMIS to process Medicaid claims and perform other management functions to the extent practicable. The CCWIS requirements do not require the agencies to exchange all information, but the information exchanged must be in accordance with applicable confidentiality rules (81 Fed. Reg. 35450, 35465 (June 2, 2016)).

Florida's child welfare system is called the Florida Safe Families Network (FSFN). In 2018, Florida declared that it would transition its SACWIS to the CCWIS. However, during our audit period, calendar years (CYs) 2019 and 2020, FSFN was still operating according to the SACWIS requirements.⁷

Florida Department of Children and Families

The State agency works in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The State agency's Office of Child and Family Well-Being encompasses a wide range of services, including assistance to families, foster care, youth and young adults transitioning from foster care to independence, and adoption. The State agency contracts for the delivery of child welfare case management services through community-based care lead agencies. These agencies are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home

⁶ States use the MMIS to process claims for Medicaid payment from providers of medical care and services furnished to beneficiaries under the medical assistance program and to perform other functions necessary for economic and efficient operations, management, monitoring, and administration of the Medicaid program (42 CFR § 433.111(b)(2)(ii)(B)).

⁷ As of January 2023, the State agency was in the development phase of CCWIS.

care, emergency shelter, independent living services, and adoption services.⁸ Many community-based care lead agencies contract with subcontracted providers for case management and direct services to children and their families. The State agency remains responsible for intake of abuse, abandonment, and neglect allegations, investigation of those allegations, and provides prevention services.

State Requirements for Maintaining Case Files

FSFN is the State agency's official case management file and investigation record.⁹ All pertinent information about every case management and investigative function must be entered into FSFN. Staff may have duplicate paper copies of the case file, along with supporting paper documentation. However, the FSFN electronic case file is the primary record for case management and investigation.¹⁰ For every child placed in out-of-home care,¹¹ the medical history, care, and treatment, including the medications prescribed for the child, is required to be documented in FSFN.¹²

For a child in foster care who is prescribed psychotropic medications, the physician or psychiatric nurse recommending the psychotropic medication is required to complete and sign a medical report. Consent authorizing the administration of the psychotropic medication is also documented on the medical report.¹³ The prescribing physician or psychiatric nurse must attempt to obtain express and informed consent from the child's parent or legal guardian.¹⁴ If the prescribing physician or psychiatric nurse is not able to obtain consent from the child's parent or legal guardian, the State agency submits the completed and signed medical report to

⁸ "Community-based care lead agency" is defined as the not-for-profit or governmental community-based care provider responsible for the provision of support and services for eligible children who have been abused, abandoned, or neglected and their families. Florida Administrative Code (FAC), 65C-35.001(9) (effective May 28, 2018 and December 3, 2019).

⁹ FAC, 65C-30.001(114) (effective Oct. 22, 2018).

¹⁰ "Case file" is defined as all information for a case contained in FSFN and may also refer to the duplicate, paper copy of the electronic case file and supporting paper documentation. FAC, 65C-30.001(12) (effective Oct. 22, 2018).

¹¹ "Out-of-home care" is defined as the placement of a child in licensed and non-licensed settings, arranged and supervised by the State agency or contracted service provider. FAC, 65C-35.001(18) (effective May 28, 2018 and December 3, 2019).

¹² FAC, 65C-28.003(8) (effective May 8, 2016).

¹³ Fla. Stat. § 39.407(3)(c) (effective 2019). Medical Report form, CF-FSP 5339.

¹⁴ "Express and informed consent" is defined as a voluntary written consent from a competent person who has received full, accurate, and sufficient information and explanation about a child's medical condition, medication, and treatment to enable the person to make a knowledgeable decision without being subjected to any deceit or coercion. FAC, 65C-35.001(12) (effective May 28, 2018 and December 3, 2019).

the court to obtain authorization to provide the psychotropic medication to the child.¹⁵ The child protective investigator (CPI) or case manager¹⁶ must document all details about the prescribed psychotropic medications, updates, and all actions taken within FSFN within 3 business days of the action.¹⁷

In addition, each psychotropic medication administered to a child in foster care is required to be documented on a medication log. The case manager must obtain the medication logs at each home visit and include the medication logs in the child's case file in FSFN.¹⁸

HOW WE CONDUCTED THIS AUDIT

Of the 16,130 children under the care of the State agency who were eligible for Title IV-E foster care funding during CYs 2019 and 2020, 3,994 children were prescribed psychotropic or opioid medications while residing in a foster care setting. Of the 3,994 children, 3,754 children were prescribed psychotropic medications, 146 children were prescribed opioid medications, and 94 children were prescribed psychotropic and opioid medications. Specifically, 163,477 psychotropic and opioid medications were prescribed for the 3,994 children during CYs 2019 and 2020. Of the 163,477 prescription claims, 99 percent were psychotropic medications (162,425 claims), and 1 percent were opioid medications (1,052 claims).

The State agency defines psychotropic medications as any medication prescribed with the intent to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness, and those substances, though prescribed with the intent to treat other medical conditions, have the effect of altering brain chemistry.¹⁹ Using the therapeutic classes from the Medicaid prescription claims, we determined that the 162,425 psychotropic medications prescribed for the children in foster care during our audit period were classified as: (1) antidepressants and non-stimulants, (2) stimulants, (3) antipsychotics, (4) anticonvulsants, (5) lithium, and (6) sedative hypnotics. (See figure 1 on the next page.)

¹⁵ FAC, 65C-35.007 (effective May 28, 2018 and December 3, 2019).

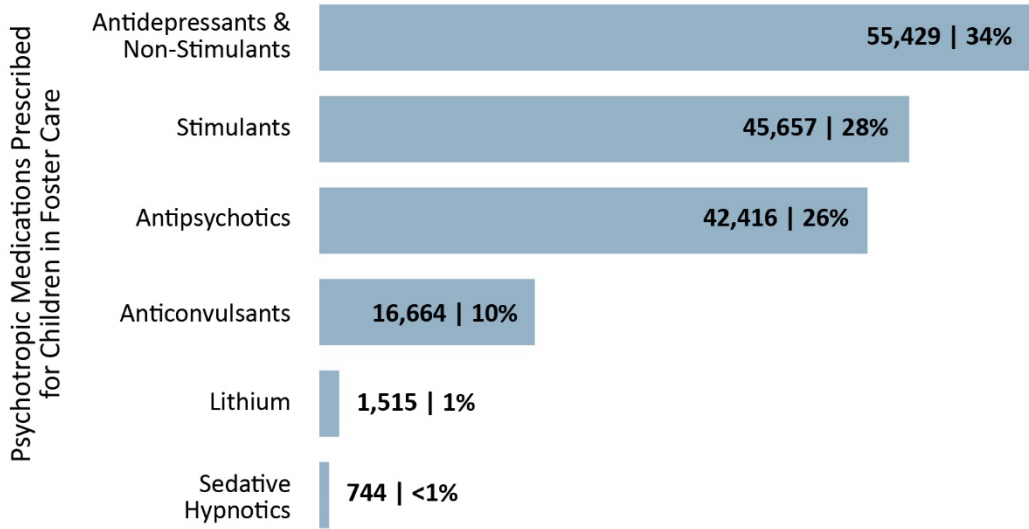
¹⁶ "Child protective investigator" is defined as a child welfare professional who is responsible for investigating alleged child maltreatment and conducting assessments regarding the safety of children. "Case manager" is defined as a child welfare professional who is responsible for ongoing safety management and service provision of children who, through assessment by a child protective investigator, have been determined to be in unsafe conditions. FAC, 65C-35.001(4) and (8) (effective May 28, 2018 and December 3, 2019).

¹⁷ FAC, 65C-35.011(7) (effective May 28, 2018, and December 3, 2019).

¹⁸ FAC, 65C-35.011(4)(b) (effective May 28, 2018, and December 3, 2019).

¹⁹ FAC, 65C-35.001(21) (effective May 28, 2018). FAC, 65C-35.001(22) (December 3, 2019).

Figure 1: Amount of Psychotropic Medications Prescribed for Children by Drug Classification During CYs 2019 and 2020



Number | Percentage* of Prescriptions

*Percentages adjusted for rounding.

Source: OIG analysis of Medicaid claim data.

From the 3,994 children who were prescribed 1 or more psychotropic or opioid medications, we randomly selected a sample of 115 children.²⁰ For these children we reviewed the Medicaid claim data, case files in FSFN, and health care records maintained outside of FSFN to determine whether the State agency maintained the medication documentation in accordance with State requirements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

²⁰ The 115 children were selected randomly from 3 categories. We selected a random sample of 55 children who were prescribed at least 1 psychotropic medication, a random sample of 30 children who were prescribed at least 1 opioid medication, and a random sample of 30 children who were prescribed at least 1 psychotropic and at least 1 opioid medication.

FINDINGS

The State agency did not always comply with State requirements related to the psychotropic and opioid medications prescribed for children in foster care who were eligible for assistance under Title IV-E of the Act. Specifically, we found that case files maintained in FSFN for the children in our sample contained the following deficiencies:

- For the 85 children in the sample who were prescribed psychotropic medications, we found:²¹
 - the psychotropic medications prescribed for 36 of the children were not recorded in FSFN;
 - the psychotropic medication logs for 56 of the children were not maintained in FSFN; and
 - the authorizations for prescription of psychotropic medications for 33 of the children were not contained in FSFN; and
- The opioid medications prescribed for 57 of the 60 children in the sample were not recorded in FSFN.

These documentation deficiencies occurred because the State agency did not have adequate controls to ensure the CPIs and case managers maintained the children's case files in FSFN in accordance with State requirements. Specifically, the State agency did not have: (1) adequate oversight procedures and training to ensure the CPIs and case managers documented psychotropic medications and maintained medication logs; (2) adequate oversight and procedures to ensure the CPIs and case managers documented authorizations for psychotropic medications; (3) training to ensure all medications prescribed for children, including opioids, were documented as required; and (4) access to the Medicaid claim data for all the children in foster care for medication management. Without adequate controls in place, the State agency could not ensure that children in foster care received the necessary monitoring and care. As a result, the children's quality of care and health and safety may have been at risk.

²¹ For the children in the sample who were prescribed psychotropic medications, there could be more than one finding related to a child.

THE STATE AGENCY DID NOT ALWAYS DOCUMENT MEDICATIONS AND MAINTAIN MEDICATION LOGS IN ACCORDANCE WITH REQUIREMENTS FOR CHILDREN IN FOSTER CARE WHO WERE PRESCRIBED PSYCHOTROPIC MEDICATIONS

State Requirements for Documenting Medications and Maintaining Medication Logs for Children in Foster Care Who Were Prescribed Psychotropic Medications

FSFN is the State agency's automated child welfare system that supports child welfare services. FSFN holds the State agency's official case files for all children in foster care. In addition, FSFN is the official system of record for all casework to provide a complete and current case history.²² For children placed in out-of-home care, the medical history, care, and treatment, including the medications prescribed for the children, are required to be documented in FSFN.²³ For children who are prescribed psychotropic medications, the CPIs or case managers are required to enter all details about the medications in FSFN within 3 business days of the action. CPIs and case managers are responsible for ensuring the accuracy of psychotropic medication information that is recorded and maintained in FSFN, including medication name, dosage, and number of refills.²⁴ In addition, CPI supervisors and case manager supervisors are to provide ongoing review and oversight of children prescribed psychotropic medications.²⁵

Figure 2 on the next page shows the requirements for documenting psychotropic medications prescribed for children in foster care in FSFN.

²² FAC, 65C-30.001(114) (effective Oct. 22, 2018).

²³ FAC, 65C-28.003(8) (effective May 8, 2016).

²⁴ FAC, 65C-35.011(7) (effective May 28, 2018, and December 3, 2019). State agency Operating Procedures for Child Welfare (CFOP) 155-10 and 170-18, chapter 3, section 3-19 (effective September 13, 2010, and August 21, 2020).

²⁵ FAC, 65C-35.011(1) (effective May 28, 2018, and December 3, 2019).

Figure 2: Documenting Psychotropic Medications in FSFN

Whenever a prescribing physician or psychiatric nurse prescribes a new psychotropic medication for a child in foster care, the CPI or case manager must make a new medication entry in the child's "Medications" tab in FSFN and enter the following information:

- Name of prescribing physician/practitioner
- Name of prescribed medication
- Date medication is prescribed
- Prescription quantity
- Number of refills
- Dosage
- Purpose of medication:
 - Psychotherapeutic
 - Medical
- Psychotropic medication:
 - A checkbox indicating if parental/guardian consent or a court order is required
 - Date consent/court order obtained
- Reason for medication
- Instructions or additional comments such as potential side effects, precautions, or warnings

The CPI or case manager is required to update FSFN with details about prescribed psychotropic medications such as changes in dosage or cessation of medication.

New entries and updates must be completed within 3 business days of the action.

Source: FAC, 65C-35.011. CFOP 155-10 and 170-18, chapter 3.

Monitoring the use of psychotropic medication provided to children is a joint responsibility of the prescribing physician or psychiatric nurse, the caregiver, the CPI or case manager, and the CPI's supervisor or case manager's supervisor.

Psychotropic medications are administered by the children's caregivers. Children who are age and developmentally appropriate must be given the choice to self-administer medication under the supervision of the caregiver.

The State agency, community-based care lead agency, or its contracted service provider will develop locally approved medication logs for documenting the administration of psychotropic medications and any side effects or adverse reactions. The caregiver is responsible for filling out the medication logs. The case manager should obtain the medication logs at each home visit and include the medication logs in the child's case file in FSFN.²⁶

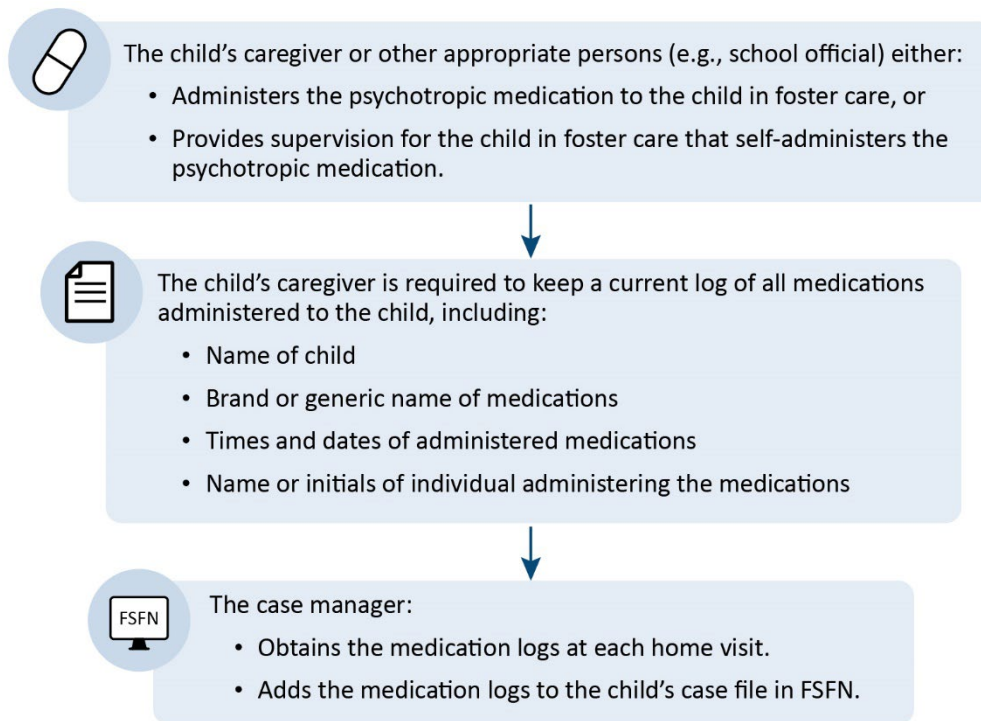
In addition, the caregiver administering the psychotropic medication, as well as the CPI or case manager, must receive training from the community-based care lead agency or a contracted provider on medication management and administration. One of the training components must include medication management, roles, and responsibilities. The State agency must

²⁶ FAC, 65C-35.011(4) (effective May 28, 2018, and December 3, 2019).

review all training curriculum on the use and administration of psychotropic medications to ensure that it includes the required components.²⁷

Figure 3 shows the requirements for maintaining medication logs in FSFN for a child in foster care who is administered psychotropic medications.

Figure 3: Maintaining Medication Logs in FSFN



Source: FAC, 65C-35.011. CFOP 155-10 and 170-18, chapter 3.

Psychotropic Medications Prescribed for Children in Foster Care Were Not Always Documented

The State agency did not always document psychotropic medications prescribed for children in foster care in accordance with State requirements. We found that the State agency did not comply with documentation requirements for 36 of the 85 sampled children who were prescribed 1 or more psychotropic medications. Specifically, for 18 case files none of the psychotropic medications prescribed for the children were recorded in FSFN, and 18 case files in FSFN did not contain a complete listing of the psychotropic medications prescribed for the children.

The following are examples of children who were prescribed psychotropic medications that were not documented in FSFN.

²⁷ FAC, 65C-35.014 (effective Oct. 22, 2018).

Example 1: FSFN Did Not Contain Any of the Psychotropic Medications Prescribed for the Child

For one child in our sample (15 years old), the State agency did not input any of the psychotropic medications prescribed for the child. According to the Medicaid claim data, the child was prescribed two different psychotropic medications during CYs 2019 and 2020. The psychotropic medications prescribed for the child included drugs classified as stimulant and antidepressant medications. When we reviewed the medications tab in FSFN, we found that the psychotropic medications prescribed for the child had not been recorded in FSFN.

Example 2: FSFN Did Not Contain All of the Psychotropic Medications Prescribed for the Child

For one child in our sample (7 years old), the State agency did not consistently input the psychotropic medications prescribed for the child. According to the Medicaid claim data, the child was prescribed four different psychotropic medications during CYs 2019 and 2020. The psychotropic medications prescribed for the child included drugs classified as stimulant and antidepressant medications. When we reviewed the medications tab in FSFN, we found that only three of the psychotropic medications prescribed for the child were recorded in FSFN.

Psychotropic Medication Logs Were Not Maintained for Over Half of the Sampled Children

For over half of the children in our sample, the State agency did not comply with applicable requirements for maintaining medication logs for psychotropic medications administered to children in foster care. We found that the State agency did not maintain medication logs for 56 of the 85 sampled children who were prescribed 1 or more psychotropic medications. Specifically, FSFN did not contain any of the monthly medication logs for 45 sampled children, and the State agency was not able to provide the medication logs from the supporting documentation maintained outside of FSFN. For 11 sampled children, FSFN was missing some of the monthly medication logs, and the State agency was not able to provide the missing medication logs from the supporting documentation maintained outside FSFN.

The following are examples of case files that did not contain medication logs for the psychotropic medications administered to the children.

Example 3: Logs of Psychotropic Medications Prescribed for a Child Were Not Maintained in FSFN

For one child in our sample (11 years old), the State agency did not maintain medication logs for psychotropic medications administered to the child. According to the Medicaid claim data, the child was prescribed two different psychotropic medications during CYs 2019 and 2020. The psychotropic medications included drugs classified as antipsychotic and antianxiety medications. We found that case files in FSFN did not contain the monthly medication logs documenting the psychotropic medications administered to the child, and the State agency was not able to provide the medication logs from the supporting documentation maintained outside FSFN.

Example 4: Logs of Psychotropic Medications Prescribed for a Child Were Incomplete in FSFN

For one child in our sample (16 years old), the State agency did not maintain all medication logs for psychotropic medications administered to the child. According to the Medicaid claim data, the child was prescribed five different psychotropic medications during CYs 2019 and 2020 and up to four different psychotropic medications during the same month. The psychotropic medications prescribed for the child included drugs classified as antipsychotic, antidepressant, and stimulant medications. We found that case files in FSFN did not always contain the monthly medication logs for the psychotropic medications administered to the child. Specifically, 9 months of medication logs were missing from the case file in FSFN, and the State agency was not able to provide the missing medication logs from the supporting documentation maintained outside FSFN.

The State Agency's Oversight Procedures and Training Did Not Ensure the CPIs and Case Managers Documented Psychotropic Medications and Maintained Medication Logs

The State agency was unable to explain why psychotropic medications were not documented for the 36 sampled children. The CPI supervisors and case manager supervisors were required to meet with the CPIs and case managers on a regular basis to review cases, including a discussion of psychotropic medications prescribed for children in foster care. In addition, the State agency's Office of Quality and Innovation used a case review instrument to perform a review of medication documentation in FSFN. However, we found this oversight tool would not be used in instances when the medication information was not recorded in FSFN. Consequently, the oversight procedures that were in place during our audit period did not ensure psychotropic medications prescribed for children in foster care were documented in accordance with requirements.

In response to missing medication log documentation for the 56 sampled children, the State agency said that it would provide ongoing training to CPIs and case managers. However, during our audit we noted that the training curriculum for CPIs and case managers did not specifically address the requirements for maintaining the medication logs in the children’s case files in FSFN.

To ensure the safety and well-being of the children under the State agency’s care and supervision, it is important to coordinate and track the administration of psychotropic medications provided to children in out-of-home care. Without proper procedures and training in place to ensure the medications were documented and the medication logs were maintained in FSFN, the State agency could not be sure the children received the necessary medical care. As a result, the quality of care provided to children who were prescribed psychotropic medications may have been at risk.

THE STATE AGENCY DID NOT CONSISTENTLY MAINTAIN DOCUMENTATION AUTHORIZING THE PSYCHOTROPIC MEDICATIONS PRESCRIBED FOR CHILDREN IN FOSTER CARE IN ACCORDANCE WITH REQUIREMENTS

State Requirements for Authorizing Psychotropic Medications

A physician or psychiatric nurse who recommends prescribing a psychotropic medication to a child in an out-of-home care placement is required to complete and sign the medical report. The medical report includes the medication, dosage, and medical condition. In addition, the report includes an explanation of the nature and purpose of treatment, side effects, risks, drug-interaction precautions, and how treatment will be monitored. The explanation is followed by a statement indicating that the explanation was provided to the child and the child’s caregiver.²⁸ Consent authorizing the administration of the psychotropic medication is also documented on the medical report.²⁹

The prescribing physician or psychiatric nurse must attempt to obtain express and informed consent from the child’s parent or legal guardian.³⁰ In addition, the CPI or case manager should assist the prescribing physician or psychiatric nurse in obtaining express and informed consent from the child’s parent or legal guardian.³¹ If the prescribing physician or psychiatric nurse is not able to obtain consent from the child’s parent or legal guardian, the State agency submits

²⁸ Fla. Stat. § 39.407(3)(c) (effective 2019). Medical Report form, CF-FSP 5339.

²⁹ Medical Report form, CF-FSP 5339.

³⁰ “Express and informed consent” is defined as a voluntary written consent from a competent person who has received full, accurate, and sufficient information and explanation about a child’s medical condition, medication, and treatment to enable the person to make a knowledgeable decision without being subjected to any deceit or coercion. FAC, 65C-35.001(12) (effective May 28, 2018, and December 3, 2019).

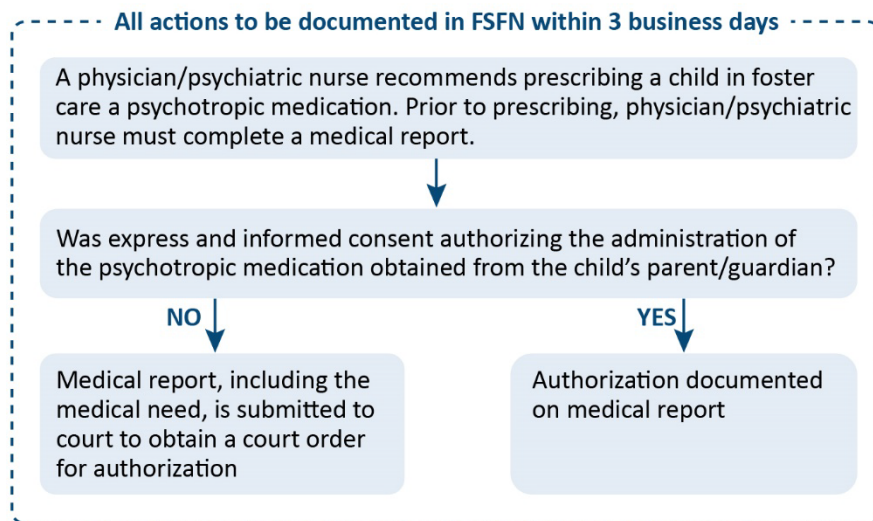
³¹ FAC, 65C-35.003 (effective May 28, 2018, and December 3, 2019).

the completed and signed medical report to the court to obtain authorization to provide the psychotropic medication to the child.³² Psychotropic medications may be administered in advance of a court order in hospitals, crisis stabilization units, statewide inpatient psychiatric programs,³³ or if the child’s prescribing physician or psychiatric nurse certifies that the delay in providing a prescribed psychotropic medication would more likely than not cause significant harm to the child.³⁴

The medical report must be uploaded to FSFN by the CPI or case manager within 3 business days of receipt of the completed document. In addition, the CPI or case manager must document all actions in FSFN within 3 business days of receipt of the parent or legal guardian’s authorization or court order approving the psychotropic medication.³⁵

Figure 4 shows the requirements for maintaining documentation authorizing psychotropic medications prescribed for a child.

Figure 4: Documenting Authorizations for Psychotropic Medications



Source: Fla. Stat. § 39.407. FAC, 65C-35.007. CFOP 155-10 and 170-18, chapter 3.

Authorizations for Psychotropic Medications Were Not Consistently Maintained

The State agency did not consistently adhere to the requirements for documenting authorizations for psychotropic medications prescribed for children in foster care. Of the 85 sample case files for children who were prescribed 1 or more psychotropic medications, we

³² FAC, 65C-35.007 (effective May 28, 2018, and December 3, 2019).

³³ Fla. Stat. § 39.407(2) (effective 2019).

³⁴ Medical Report form, CF-FSP 5339.

³⁵ FAC, 65C-35.013 and FAC, 65C-35.006 (effective May 28, 2018, and December 3, 2019).

found that the State agency did not comply with requirements related to the documentation authorizing the prescribing of psychotropic medications for 33 sampled children. Specifically, 29 case files in FSFN did not contain any of the medical reports or court orders authorizing the psychotropic medications, and the State agency was not able to provide the medical reports or court orders from the supporting documentation maintained outside of FSFN. In addition, four case files were missing some of the medical reports or court orders authorizing the psychotropic medications prescribed for the child, and the State agency was not able to provide the missing medical reports or court orders from the supporting documentation maintained outside of FSFN.

The following is an example of a child whose case file did not contain documentation of the required authorizations for the psychotropic medications.

Example 5: Psychotropic Medications Prescribed Without Documented Authorizations

For one child in our sample (10 years old), the State agency did not document authorizations for psychotropic medications prescribed for the child. The child was in nine different out-of-home care placements during CYs 2019 and 2020. According to the Medicaid claim data, the child was prescribed two to four different psychotropic medications during the same month for a majority of a 2-year period. However, for a few months the child was prescribed up to eight medications during the same month. Based on the documentation in the child's case files, it appears the child was slowly taken off the previous psychotropic medications and new ones were prescribed. The psychotropic medications prescribed for the child included drugs classified as anticonvulsant, stimulant, antipsychotic, and antidepressant medications. We found that the case file did not contain the medical reports or court orders authorizing the psychotropic medications in FSFN, and the State agency was not able to provide the medical reports or court orders from the supporting documentation maintained outside of FSFN.

The State Agency Did Not Have Adequate Procedures To Verify That CPIs or Case Managers Documented Authorizations for Children in Foster Care Who Were Prescribed Psychotropic Medications

The State agency was unable to explain why authorizations for psychotropic medications were not documented for the 33 sampled children. The CPI supervisors and case manager supervisors were required to meet with the CPIs and case managers on a regular basis to review cases, which included a review of the documentation authorizing psychotropic medications prescribed for children in foster care. In addition, FSFN has a reporting capability that the State agency's Office of Quality and Innovation can use to track parental consent and court orders regarding medication authorizations. However, we found this oversight tool

would not generate an alert when the medication information was not recorded in FSFN by the CPI or case manager. Consequently, the oversight procedures in place during our audit period did not ensure CPIs and case managers documented authorizations for children in foster care who were prescribed psychotropic medications.

In addition, according to the State agency, it has access to Medicaid claim data for some of the children under its care and supervision.³⁶ To obtain access to the Medicaid claim data for all children in foster care, the State agency would need to coordinate access with the Florida Agency for Health Care Administration. If the State agency had access to the Medicaid claim data, it could compare the claims to FSFN to ensure the authorizations had been documented in FSFN before the psychotropic medications were prescribed for the children.

To ensure the safety and well-being of the children under the State agency's care and supervision, it is important to track psychotropic medications provided to children in out-of-home care. Without documentation in children's case files authorizing the medications, the State agency could not be sure the prescribing physicians, psychiatric nurses, CPIs, and case managers were always adhering to State requirements for documenting authorizations before the psychotropic medications were prescribed for the children. In addition, the State agency could not be sure the caregivers and children received the necessary information regarding the psychotropic medications, including the use of the drugs and their effects. As a result, the parties responsible for the care and oversight of the children may not have been aware of the psychotropic medications prescribed for the children, and the caregivers and children may not have been aware of medications' side effects, risks, and drug-interaction precautions.

THE STATE AGENCY DID NOT DOCUMENT THE OPIOID MEDICATIONS PRESCRIBED FOR CHILDREN IN FOSTER CARE IN ACCORDANCE WITH REQUIREMENTS

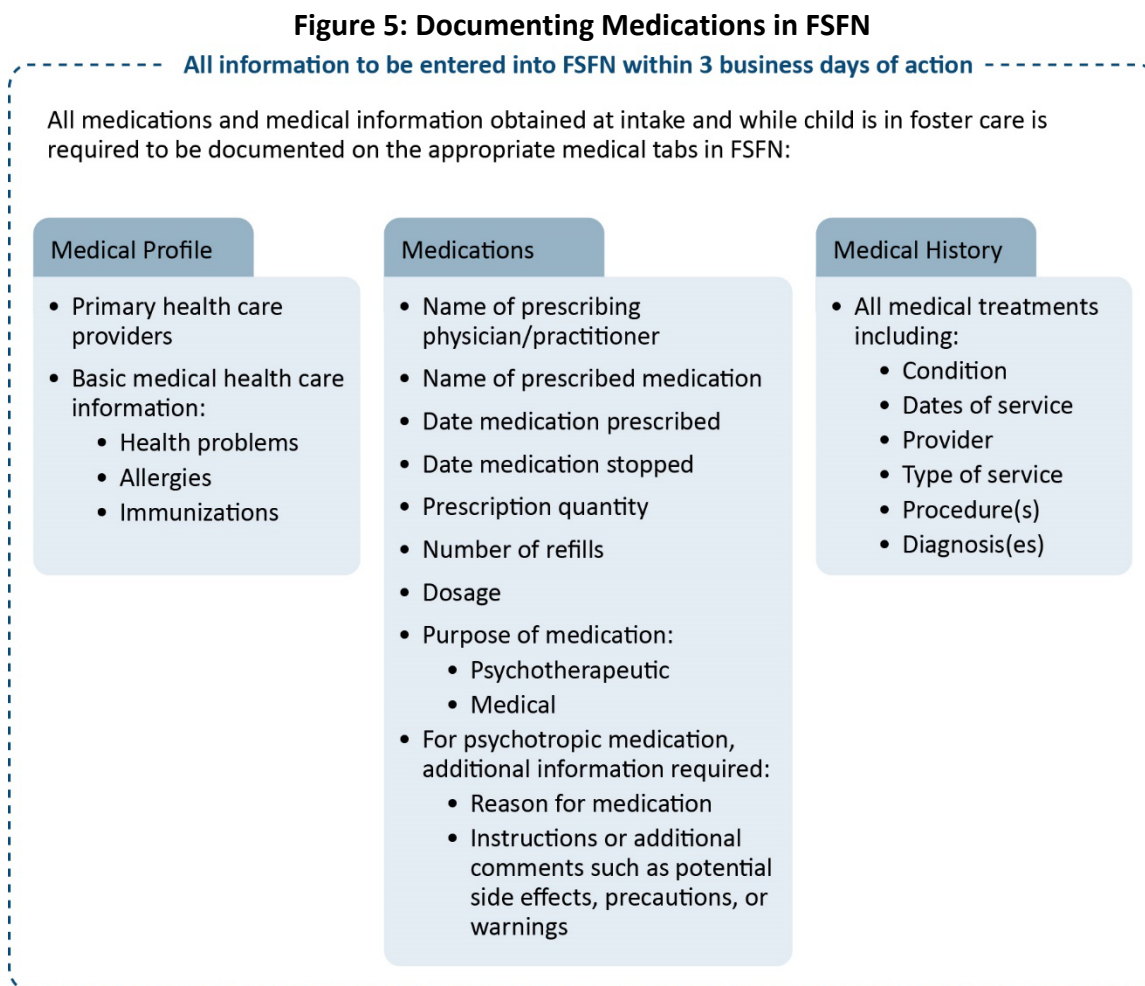
State Requirements for Documenting Medications

For children placed in out-of-home care, the medical history, care, and treatment, including the medications prescribed for the children, are required to be documented in FSFN. Specifically, all prescribed medications (including opioids) must be entered into FSFN on the medications tab and summarized with the name of medication, quantities, dosages, precautions, warnings, and additional instructions. All information should be entered into FSFN within 3 business days of the action.³⁷

³⁶ The Sunshine Health Child Welfare Specialty Plan was created by the Florida Agency for Health Care Administration in collaboration with the State agency to provide specialized health care and behavioral health services to children and youth in the child welfare system. However, not all children in foster care were enrolled in this plan.

³⁷ FAC, 65C-35.006(7), FAC, 65C-35.011(7), and FAC, 65C-35.013(4) (effective May 28, 2018 and December 3, 2019). CFOP 155-10 and 170-18, chapter 3, section 3-19 (effective September 13, 2010, and August 21, 2020).

Figure 5 shows the requirements for documenting medications prescribed for children in foster care in FSFN.



Source: CFOP 155-10 and 170-18, chapter 3.

Opioid Medications Prescribed for Children in Foster Care Were Not Documented

The State agency did not document prescribed opioid medications for 57 of the 60 sampled children in accordance with requirements.³⁸ After reviewing the children’s case files in FSFN, we determined that most of the children who were prescribed opioid medications had undergone a medical procedure (30 children), and some had visited the emergency room (8 children). The remaining 19 children who were prescribed opioid medications had no medical information in the case files at the time the opioid medications were prescribed.

³⁸ Of the 60 children who were prescribed opioid medications during our audit period, 3 of the children were prescribed opioid medications between foster care placements. As a result, the opioid medications prescribed for these three children were not required to be documented in FSFN.

The following are examples of children who were prescribed opioid medications that were not documented in FSFN.

Example 6: FSFN Did Not Contain the Opioid Medications Prescribed for a Child in Foster Care

For one child in our sample (17 years old), the State agency did not document opioid medication prescribed for the child. The case file in FSFN indicated the child had undergone dental surgery. According to the Medicaid claim data, the child was prescribed a 3-day supply of an opioid medication following the medical procedure. When we reviewed the medications tab in FSFN, we found that the opioid medication prescribed for the child was not recorded in FSFN.

Example 7: A Child Was Prescribed Opioid and Psychotropic Medications, and FSFN Did Not Contain the Opioid Medications Prescribed for the Child

For one child in our sample (17 years old), the State agency did not document opioid medication prescribed for the child. The case file in FSFN indicated the child had recently undergone hand surgery. According to the Medicaid claim data, the child was prescribed a 3-day supply of an opioid medication following the medical procedure. In addition, the child was prescribed a psychotropic medication during the same month that the opioid medication was prescribed. The psychotropic medication prescribed for the child was classified as a stimulant medication. The psychotropic medication prescribed for the child was recorded in FSFN. However, the opioid medication was not recorded in FSFN.

The State Agency Did Not Have Adequate Procedures for Documenting Opioid Medications Prescribed for Children in Foster Care

The State agency was unable to explain why the opioid medications were not documented for the 57 sampled children. The State agency had training for medication management and administration for CPIs and case managers. However, the training did not address the requirement for documenting non-psychotropic medications, including opioids, prescribed for children in foster care. In addition, the State agency did not have access to Medicaid claim data for all of the children under its care and supervision. Such access would allow the State agency to monitor the medications prescribed for the children to ensure all medications, including opioids, were documented in FSFN.

Because opioid medications were not documented in the case files in FSFN in accordance with requirements, the State agency could not ensure the children received the proper oversight following the medical procedures or emergency treatments. As a result, the children's health and safety may have been at risk if the children did not receive the necessary medication management and health care services.

RECOMMENDATIONS

We recommend that the Florida Department of Children and Families:

- provide training to CPIs and caseworkers on medication management and administration that addresses requirements for updating case records in FSFN for children who are prescribed psychotropic medications (including related medication logs and authorizations) and opioid medications and
- coordinate with the Florida Agency for Health Care Administration to obtain access to Medicaid claim data for all children under its care and supervision.

STATE AGENCY COMMENTS

The State agency elected not to provide comments on the draft report.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

This audit covered 3,994 children in foster care who were prescribed 1 or more psychotropic or opioid medications during CYs 2019 and 2020. We randomly selected a sample of 115 children from 3 categories: 55 children who were prescribed at least 1 psychotropic medication, 30 children who were prescribed at least 1 opioid medication, and 30 children who were prescribed at least 1 psychotropic and at least 1 opioid medication. We reviewed the Medicaid claim data, case files in FSFN, and health care records maintained outside of FSFN to determine whether the State agency maintained the medication documentation in accordance with State requirements.

We did not perform an overall assessment of the State agency's internal control structure. Rather, we limited our review of internal controls to those that were significant to our objective. Specifically, we: (1) assessed the State agency's procedures for maintaining case files in accordance with requirements and (2) assessed the State agency's process for obtaining case files, documenting the health care information, and inputting medications in FSFN.

We conducted our audit from December 2021 to January 2023, which included meeting with State agency officials.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal foster care laws, State requirements for documenting medication prescribed for children in a foster care setting, and the State agency's Child and Family Services Plan;
- met with State agency officials to determine how the State agency maintained case files and documented health care information in FSFN;
- obtained and reviewed the State agency's procedures for obtaining and maintaining health care information for children in foster care;
- reviewed the State agency's oversight procedures and the training curriculum provided to CPIs and case managers;
- obtained the foster care placement data and Medicaid prescription claim data for children who were residing in a foster care setting and eligible for assistance under Title IV-E of the Act during CYs 2019 and 2020;

- identified children who were in foster care and prescribed 1 or more psychotropic or opioid medications during CYs 2019 and 2020;
- randomly selected a sample of 115 children who were in foster care and prescribed 1 or more psychotropic or opioid medications during CYs 2019 and 2020;³⁹
- reviewed the Medicaid claims for the psychotropic and opioid medications prescribed for the 115 children;
- reviewed the medication and related health care information in FSFN for the 115 children;
- discussed the results of our audit with State agency officials; and
- issued the draft report to the State agency and the State agency officials elected not to provide comments on the report.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

³⁹ The 115 children were randomly selected from 3 categories. We selected a random sample of 55 children who were prescribed at least 1 psychotropic medication, a random sample of 30 children who were prescribed at least 1 opioid medication, and a random sample of 30 children who were prescribed at least 1 psychotropic and at least 1 opioid medication.

APPENDIX B: PRIOR OFFICE OF INSPECTOR GENERAL REPORTS RELATING TO PSYCHOTROPIC AND OPIOID MEDICATIONS PRESCRIBED FOR CHILDREN IN FOSTER CARE

Report Title	Report Number	Issue Date
<i>Michigan Did Not Comply With Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children In Foster Care</i>	<u>A-05-21-00030</u>	2/8/2023
<i>Indiana Did Not Comply With Requirements for Documenting Psychotropic and Opioid Medications Prescribed for Children in Foster Care</i>	<u>A-05-21-00020</u>	9/27/2022
<i>Ohio Did Not Ensure the Accuracy and Completeness of Psychotropic and Opioid Medication Information Recorded in Its Child Welfare Information System for Children in Foster Care</i>	<u>A-05-18-00007</u>	7/14/2020